

Review of Toileting Related Fall Data and Proposed Toileting Plan on TSU An Evidence based Practice Project

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An Evidence Based Practice Project

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Identification of Problem

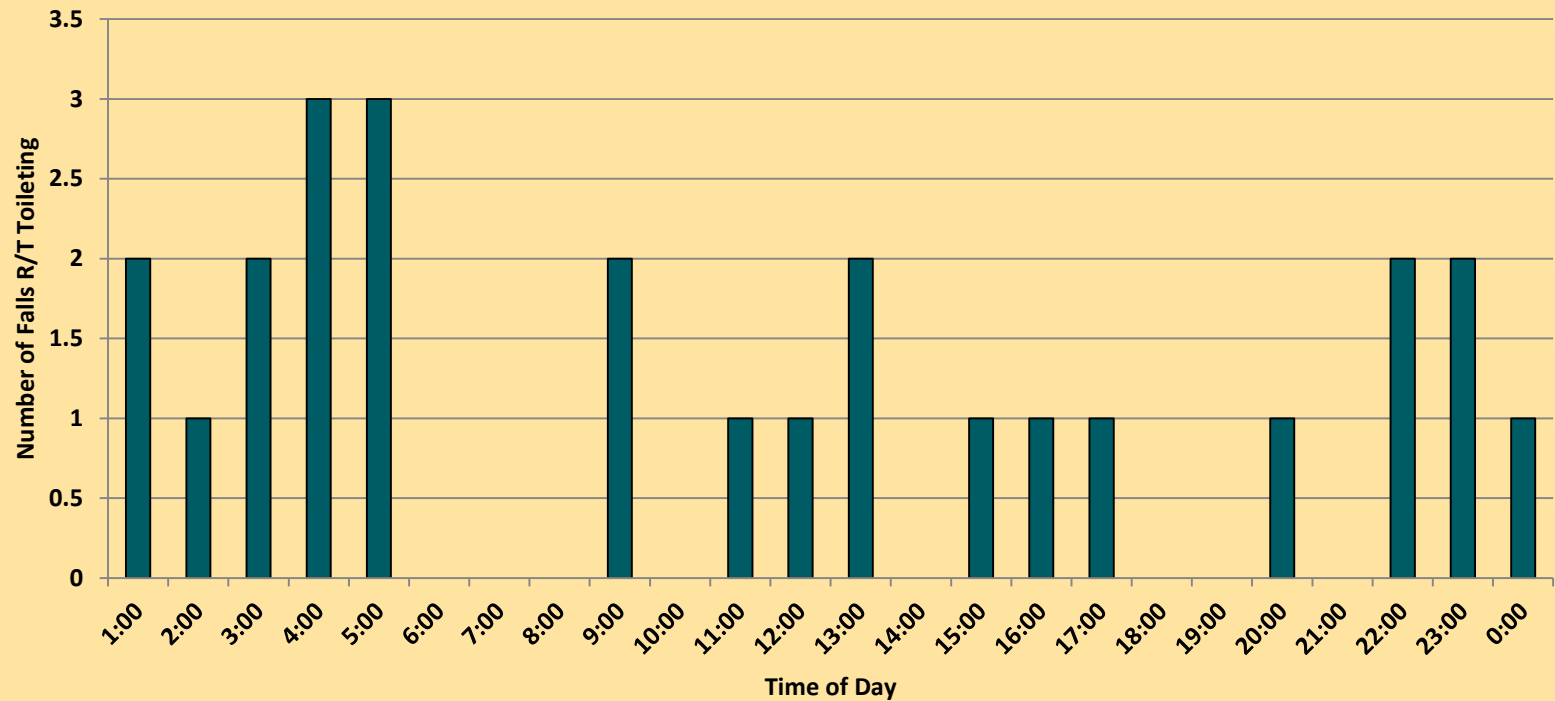
- Ongoing effort to decrease falls on TSU
 - When were most falls occurring?
 - Why were our residents falling?
 - What type of residents were falling?
 - How could we prevent these falls?

Evidence on TSU

- Percentage of TSU falls related to toileting in Calendar Year 2012=43%
- Greater number of falls between 0400 and 0500

Evidence on TSU

TSU: Number of Falls/Time CY12



Is Problem Topic a **PRIORITY**?

- 2.3 to 7 falls occur per 1000 patients (Halfon, Eggli, Van Melle, & Vagnair, 2001)
- 30% of falls result in injury (Ash, MacLeod, & Clark)
- 30% of injuries from falls are serious (Hendrich, 2006)
- In 2000, falls among older adults cost the US health care system over \$1.9 billion (CDC, 2012)

Importance to LVHN

- Rate of falls from 2011 to 2013:
 - Cedar Crest (including TSU) = 2.5
 - Muhlenberg = 2.8

- Number of falls with serious injury (2011 to 2013):
 - Cedar Crest (including TSU) = 13
 - Muhlenberg = 4

Purpose

- To decrease the early morning falls related to toileting in TSU residents by instituting an early morning toilet plan.

PICO Question

- Are TSU residents, who have been toileted in the early morning, at a decreased risk for falls than those who are not?

Nursing Evidence Supports our PICO Question!!!

- 45.2% of falls are toileting related (Tzeng, 2010)
- 50% of falls were elimination related (Hitcho, 2004)
- 30% of patients who fell were attempting to toilet (Alcee, 2000)
- 44.5% of geriatrics fall due to altered elimination (Schwendimann, 2008)
- Nurses perceive that toileting needs are a low priority when assessing risk for falls (14/20) (Tzeng, 2013)
- Benefit to identifying icons/signage related to toileting needs (Hurley, 2009)
- Nurses “need to know their patient is safe” (Rush, 2008)

Project Plan

- “Toileting preference” questionnaire on admission
- Icons created for doorframes of those who would like to be awakened and toileted between 0400 and 0700 in the morning
- Staff education on plan
- Staff documentation on hourly rounding that toileting has been performed
- Data collection
- Monitoring of staff compliance by other staff

Data Collection

- Early morning call bell counts
 - 0630 to 0745
 - 84% of requests were for toileting
- Staff survey
 - 100% of staff agree that quicker call light response time and toileting a resident in a timely manner could prevent a fall
 - 83% of staff agree that call lights during AM shift change are toileting related
 - 83% of staff also believe that proactive toileting of residents could decrease the volume of call lights
 - 42% of staff felt adequate resources are not available to carry out a proactive toileting plan on TSU

Implementation

- Getting staff “on board” via education and incentives
- Implementation of project on the TSU
- Ongoing staff education and awareness of findings
- Continuous data collection and analysis of falls
- Compliance monitoring
- Staff post-survey

Results

	CY 2012	CY 2013	CY 2014 (YTD)
% of TSU falls that were toileting related	43%	25% (1 fall r/t toileting from Oct to Dec)	10%

Discussion

- Decrease in toileting related falls. Due to:
 - Project education and staff awareness of problem OR
 - Implementation of toileting project
- Data to be collected in near future
 - Call bell counts
 - Evaluation of whether any participants in the “early morning toileting plan”, had an actual fall
 - Post implementation staff satisfaction survey
- Barriers
 - Staff documentation of toileted participants on rounding sheets
 - Staffing ratios on night shift

Benefits of the EBP FellowS2 Program

- Brings EBP to the bedside
- Staff involvement is essential, encourages use of EBP in practice
- Energizes and empowers staff and teams to optimize care
- Teaches EBP to the staff nurse

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Questions?